



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 8000 MAINTENANCE REPORT

RECEIVED

By Carol Day at 1:48 pm, Jun 11, 2015

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send one copy to Department of Health and Senior Services, and retain one copy in department file.

| | | | |
|--------------------------|------------------------|--------------------|--------------------|
| INSTRUMENT SERIAL NUMBER | LOCATION OF INSTRUMENT | DATE OF INSPECTION | TIME OF INSPECTION |
| 80-005849 | GRAIN VALLEY POLICE | 06/07/2015 | 20:47 |


| CALIBRATION CHECK RESULTS | | | CALIBRATION CHECK SUMMARY | | |
|--|---|--|-------------------------------|-------------------|----------------------------|
| Test ----- Air Blank Cal Check Air Blank Cal Check Air Blank Cal Check Air Blank | g/210L 0.000 0.080 0.000 0.079 0.000 0.080 0.000 | Time ----- 20:48 20:48 20:49 20:49 20:50 20:50 20:50 | STANDARD TYPE | STANDARD LOT # | STANDARD EXPIRATION DATE |
| | | | DRY | AG319702 | 07/16/2015 |
| | | | SIM TEMPERATURE | SIM SERIAL NUMBER | SIM CERTIFICATE EXPIRATION |
| | | | N/A | N/A | N/A |
| | | | STANDARD VALUE | STANDARD SUPPLIER | |
| | | | 0.080 | INTOXIMETERS | |
| | | | CALIBRATION CHECK RESULT 1 | | |
| | | | 0.080 | | |
| | | | CALIBRATION CHECK RESULT 2 | | |
| | | | 0.079 | | |
| CALIBRATION CHECK RESULT 3 | | | | | |
| 0.080 | | | | | |
| MAXIMUM DEVIATION (MUST BE WITHIN 5%) | | | SPREAD (MUST BE .005 OR LESS) | | |
| 1.2% | | | 0.001 | | |

| DIAGNOSTIC TEST RESULTS | | | RFI TEST RESULTS | | |
|-----------------------------|------|--------------|------------------|-------|-------|
| Voltage/Current Test | Pass | Test | g/210L | Time | |
| RAM Test | Pass | ----- | ----- | ----- | ----- |
| EEPROM Checksum Test | Pass | Air Blank | 0.000 | 20:51 | |
| Real Time Clock Test | Pass | Subject Test | RFI* | 20:51 | |
| DSP Test | Pass | Air Blank | 0.000 | 20:52 | |
| Analytical Stability Test | Pass | Pass | | | |
| Modem Test | Pass | | | | |
| Temperature Regulation Test | Pass | | | | |

| NUMBER OF REFUSALS AND SUBJECT BREATH TESTS IN EACH RANGE SINCE LAST MAINTENANCE REPORT | | | | | |
|---|---------|---------|---------|---------|----------|
| REFUSALS | .00-.04 | .05-.09 | .10-.14 | .15-.19 | OVER .19 |
| 3 | 1 | 2 | 3 | 3 | 2 |

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).
Time-Date changed.

INSPECTING OFFICER

| | | | |
|--|-------------------------------|--------------------------------|--|
| SIGNATURE  | | PRINT NAME TRACY, STEVEN | |
| TYPE IF PERMIT NUMBER 230151 | EXPIRATION DATE 08/01/2015 | TELEPHONE NUMBER 8168476250 | |



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

**PERMIT
TYPE II**

STEVEN K TRACY

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000, INTOXILYZER 8000

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 8/1/2013

NUMBER 230151

EXPIRES 8/1/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 90-0771 (6-10)

LAB-4 (R6-10)

| | |
|--|---|
| | STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM |
| | INSTRUMENT OPERATOR CARD |
| <small>The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.</small> | |
| | |
| Operator TRACY, STEVEN Permit No 230151 Date Issued 8/1/2013 Date Expires 8/1/2015 | |